## Summary of Benefits Report for South Carolina, Medicaid InsureKidsNow.gov

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<b>Preventive Servic</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	1 x 6 months		
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	age 0-20	
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	age 5-14, only permanent molars	
Space maintainers	Yes	1 x lifetime	age 0 -20	
<b>Diagnostic Servic</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	No			
Dental examinations	Yes	1 x 6 months	0-20	at the eruption of first tooth or by the first birthday
Assessment of risk for tooth decay	No			
X-Rays				
Bitewing	Yes	1 x 6 months	age 2+	
Full Mouth	Yes	1 x every 3 years	age 2+	
Panoramic	Yes	1 x every 3 years	age 6+	
<b>Treatment Service</b>	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes - only with prior authorization			
Fillings			•	
Silver amalgam	Yes		0-20	
Tooth colored composite	Yes		0-20	
Crowns/tooth caps				
Stainless steel crowns	Yes		0-20	
Metal (only) crowns	Yes - only with prior authorization		When medically necessary under the EPSDT benefit	
Metal/porcelain crowns	Yes - only with prior authorization		When medically necessary under the EPSDT benefit	
Porcelain (only) crowns	Yes - only with prior authorization		When medically necessary under the EPSDT benefit	
Root Canals (endodo	ntics)			
Root canals on baby teeth (pulpotomies)	Yes		0-20	
Root canals on permanent teeth	Yes		5-20	
Gum (periodontal) therapy	Yes - only with prior authorization		When medically necessary under the EPSDT benefit	

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Treatment Services						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Dentures			_			
Partial dentures	Yes		age 14-20			
Complete dentures	Yes		age 14-20			
Bridges	Yes - only with prior authorization					
Orthodontics*				_		
Retainers (orthodontic)	Yes - only with prior authorization					
Braces	Yes - only with prior authorization		0-20	Service is allowed for Medicaid beneficiaries under 21 years that are eligible for DHEC's CRS program		
Oral surgery						
Simple extractions	Yes		0-20			
Surgical extractions	Yes		0-20			
Care of abscesses	Yes		0-20			
Cleft palate treatment	Yes		0-20			
Cancer treatment	Yes		0-20			
Treatment of fractures	Yes		0-20			
Biopsies	Yes		0-20			
Treatment of jaw joint problems (TMJ)	Yes - only with prior authorization		0-20	When medically necessary under the EPSDT benefit		
Emergency room services provided by a dentist	Yes		0-20			
Inpatient Hospital Services	Yes - only with prior authorization		0-20			
Anesthesia						
General anesthesia	Yes		0-20			
Intravenous conscious sedation	Yes		0-20			
Non-intravenous conscious sedation	Yes		0-20			
Analgesia (nitrous oxide)	Yes		0-20			

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<sup>\*</sup> When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).